

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 048076

2014 AUG 11 AM 11:31

RETURN TO: **MILES & DAVIS, P.C.**
Attorneys
8700 Broadway
Merrillville, IN 46410

RELEASE OF HOSPITAL LIEN

This is to certify that a certain Hospital Lien by THE METHODIST HOSPITALS, INC., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against DONTA READY, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 23rd day of December, 2013, and recorded on the 17th day of January, 2014 (as instrument number 2014-003507), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of DONTA READY, in the amount of Two Thousand Two Hundred Eighty-Nine (\$2,289.00) Dollars, is released this 7th day of August, 2014.

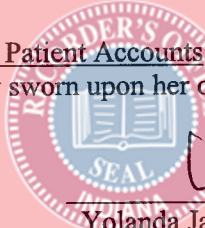
In the event full payment of the hospital charges has not been received, The Methodist Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.

THE METHODIST HOSPITALS, INC.

BY: [Signature]
Yolanda Jaime

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Cheryl Krupa, being the Supervisor Patient Accounts for the Northlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct.



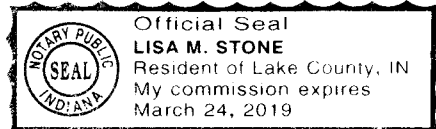
[Signature]
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 6th day of August, 2014.

[Signature]
Notary Public
A Resident of Lake County

My Commission Expires:

March 24, 2019



I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.

This instrument Prepared By: [Signature]

Earle F. Hites, Attorney at Law
8700 Broadway, Merrillville, IN 46410

7777-223119

AMOUNT \$ 12
CASH _____ CHARGE _____
CHECK # 19780
OVERAGE _____
COPY _____
NON-COM _____
CLERK [Signature]

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